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DATE: February 5, 2004

PTO IDENTIFIER: Application Number 10/006558-Conf. #6757
Patent Number

Inventor: Robert O. Aberg et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: LAHIVE & COCKFIELD, LLP

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Attorney Dkt. #: MWS-009

PAGES (Including Cover Sheet): 28

CONTENTS: Amendment Transmittal and copy (2 pages);
Fee Transmittal and copy (2 pages);
Amendment in Response to Non-Final Office Action (17 pages);
Certificate of Transmission under 37 CFR 1.8 (1 page); and
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PTO/SB/97 (12-97)

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Fee Transmittal and copy (2 pages);
Amendment in Response to Non-Final Office Action (17 pages);
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AMENDMENT TRANSMITTAL LETTER				Docket No. MWS-009	
Application No. 10/008553-Conf. #6757	Filing Date November 9, 2001	Examiner J. A. Brier	Art Unit 2672		
Applicant(s): Robert O. Aberg et al.					
Invention: A SYSTEM AND METHOD FOR MERGING ELECTRONIC DIAGRAMS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	324.00
42	- 24 =	18	x 18.00	324.00	
Independent Claims	8	- 4 =	4	x 86.00	344.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: <input type="text" value="668.00"/>					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <input type="text" value="12-0080"/> in the amount of \$ <input type="text" value="668.00"/> A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ <input type="text"/> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <input type="text" value="12-0080"/> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
John S. Curran Dated: <input type="text" value="February 5, 2004"/>					
John S. Curran Attorney Reg. No.: 50,445					
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
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PTO/SB/17 (10-03)

Approved for use through 7/31/2008. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 668.00)

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Deposit Account Number **12-0080**
Deposit Account Name **Lahive & Cockfield, LLP**

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FEE CALCULATION**1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (S)	Fee Code (S)	Fee (\$)	Fee (\$)
1001	2001	385	Utility filing fee
1002	2002	170	Design filing fee
1003	2003	265	Plant filing fee
1004	2004	385	Reissue filing fee
1005	2005	80	Provisional filing fee

SUBTOTAL (1) (\$ 668.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from Dep't	Fee Paid
42	-24** =	18	18.00	324.00
8	-4** =	4	88.00	344.00

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (S)	Fee Code (S)	Fee (\$)	Fee (\$)
1202	2202	9	Claims in excess of 20
1201	2201	15	Independent claims in excess of 3
1203	2203	145	Multiple dependent claim, if not paid
1204	2204	43	** Reissue independent claims over original patent
1205	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 668.00)

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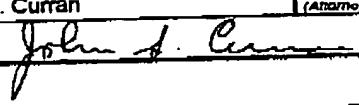
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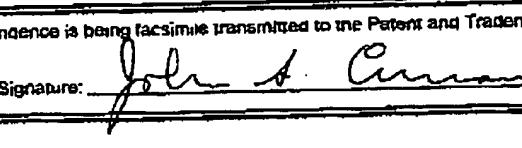
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